

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Deguzman, Lydia	CHAPTER 100.1
Address: 94-293 Kahualena Street, Waipahu, Hawaii 96797	Inspection Date: December 1, 2017 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (b) The licensee shall maintain a first aid kit for emergency use for each Type I ARCH.</p> <p>FINDINGS Ibuprofen tabs and hydrocortisone cream stored in first aid kit.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future, the <u>PCG will check the first aid kit every month</u> to be sure it is properly stocked and that it <u>does not contain</u> prescription medications, creams or other items that are not on the TYPE I ARCH first aid kit requirement list.</p> <p><u>SCG will check the first aid kit every quarter</u> during the fire drill and emergency evacuation plan testing with the residents. SCG will check the expiration dates of each item and replace items in accordance to Type I ARCH first aid kit requirement list.</p> <p>The first aid kit inspection (date/time) will be documented on a log and placed in the first aid kit (copy of log will also be included in the PCG's records).</p>	<p style="text-align: center;">12/01/17</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><u>FINDINGS</u> Resident bathroom has no hand towels by hand washing sink.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>An adequate supply of disposable hand towels were placed near the bathroom sink for resident's use.</p> <p>There is an additional supply of disposable hand towels that is stored under the resident's bathroom sink for immediate access when supply is running low.</p>	<p style="text-align: center;">12/01/17</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (i)(4)(B) All construction or alterations shall comply with current county building, land use and fire codes and ordinances in the state. The Type I ARCH licensed for wheelchair residents shall be accessible to and functional for the residents at the time of licensure.</p> <p>Lighting:</p> <p>Residents' rooms shall have artificial light adequate for reading at bedside. This lighting shall be at least thirty foot candles at normal reading height;</p> <p><u>FINDINGS</u> Bedroom #3 one (1) lightbulb in ceiling light fixture is not working.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>A new light bulb was placed in the ceiling light fixture for Bedroom #3.</p>	<p style="text-align: center;">12/01/17</p>

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Licensee's/Administrator's Signature: Lydia Deguzman

Print Name: Lydia Deguzman

Date: 12/6/2017